CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/	MS / MRS / MR FIRST	МІ	OFFICE USE ONLY
OFFICEHOLDER NAME	Mr Kyle	R	Date Received
	NICKNAME LAST	SUFFIX	
	McAlister		Abilene City Secretary
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; Co	YTK; STATE; ZIP GODE	APR 2 6 2016 Filed for Record
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (325) 668-5694	EXTENSION	Date Hand-delivered or Date Hostmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST Mrs Shannel	МІ	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed Date Imaged
	Anderson		Date Illagee
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	street address (NO PO BOX PLEASE); APT / St		ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (325) 665-1262	EXTENSION	
9 REPORT TYPE	January 15 💥 30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 X 8th day before ele	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year
COVERED	3 /29 /2016	THROUGH 4/	29 / 2016
11 ELECTION	Month Day Year Primary 5/7/2016 General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	1)
	Abilene City Council Place 5	Abilene City Coun	cil Place 5
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	KYLE 1	M(ALISTON 15	Filer ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE GENERAL SPECIFIC	Kyle McAlister/Friends for Kyle McAlister COMMITTEE ADDRESS		
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME Shannel Anderson COMMITTEE CAMPAIGN TREASURER ADDRESS		
		1266 Kingsbury, Abilene, TX 79602		
17 CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 1175.00			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 1978.84			
	4. TOTAL POLITICAL EXPENDITURES \$ 1948.8			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 945.13			
OUTSTANDING LOAN TOTALS	6. TOTAL	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH DAY OF THE REPORTING PERIOD	* \$	
18 AFFIDAVIT	Tiffni Her	true and correct and includes all info	erjury, that the accompanying report is rmation required to be reported by me	
* STORTED	Notary Public State My Commission 04/01/201 ID # 118683	Expires Signature of Cand	lidate or Officeholder	
AFFIX NOTARY STA		, by the said Kyle McAllster	, this the _26**	
day of Hori	, 20 6	, to certify which, witness my hand and seal of office.	Votan	
Signature of officer	r administering oath	Printed name of officer administering oath	Title of officer administering oath	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME LYLE MCALISTON 20 Filer ID (Ethics Com	smission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1175.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1978.84
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ —
8.	SCHEOULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ —
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
17.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$
=		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 7_ 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Kyle McAlister 7 Amount of contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (fD#:_______ Cam and Joan Hurst \$100 3-30-16 City; State; Zip Gode 5 Contributor address; Abilene, TX 79601 7 Lamar Circle 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired ut-pi-state PAC [ID#_ Full name of contributor Amount of contribution (\$) Date Scott Dueser 4/2/16 City; State; Zip Code \$200 Contributor address; Abilene, TX 79604 PO Box 701 Employer (See Instructions) Principal occupation / Job title (See Instructions) First Financial Bank President/CEO out-of-state PAC (ID#) Amount of contribution (\$) Full name of contributor Date \$500 Mrs JJ Matthews 4/2/16 City; State; Zip Code Contributor address; Abilene, TX 79604 PO Box 176 Employer (See Instructions) Principal occupation / Job title (See Instructions) Retired Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#_ Joseph Canon 4/2/16 \$100 City; State; Zip Code Contributor address; Abilene, TX 79606 102 Tiquewood Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The	Instruction Guide explains how to c	omplete this form.	2
2 FILER NAME			3 Feet D. Ference Option (suiver Friend)
Kyle	McAlister		<u></u>
4 Date	5 Full mane of contributor []]	ant average PAS State (1997)	. 7 Amount of contribution (\$)
	Catherine Meyer		905
4/3/16	6 Commbutor address	City State. Zip Code	\$25
	1633 Smith Dr	Abilene, TX 79601	
	apation - Job title (See Instructions) acher	9 Employer (See Instr AISD	actions)
Date	Full name of contributor C	Autoritation (ASS) 10W	Amount of contribution (\$)
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	18 Pinehurst	Abilene, TX 79606	in the comment of the
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4-11-16	JOE (JANA C)21 Contributor address	City. State Zip Code	\$100
	1910 CAMPBON	DR. ABI, TX 7960)	3
Fraupal oca	pation (Job title (See Instructions)	Employer (See Instr	uchors)
	PRESIDONT	ABILEME	AFRO
[25ate:	Full name of centurbates	ser of imte PAC iPac	Amount of contribution (\$)
	Contributor address:	City. State: Zip Gode	
Principal occu	ipation (Joh title (See Instructions)	Employer (See frish	auchons)
}			
1			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
It contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this for	m. 1 Total pages Schedule A2:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	IBUTIONS \$
5 Date 6 Full name of contributor out-of-state PAC (ID#:	Contribution 5 description
	Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Date Full name of contributor Dut-of-state PAC (IDV:	Amount of In-kind contribution Contribution \$ description
Contributor address; City; State; Zip C	Code Check if travel outside at Texas. Complete Schedule T
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions	Employer (FOR NON-JUDIGIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	aw firm of contributor's spouse (if any) (FOR JUDICIAL)
if contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEEDED tion guide for additional reporting requirements.

SCHEDULE B PLEDGED CONTRIBUTIONS 1 Total pages Schedule 8: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED PLEDGES \$ 5 Date 6 Full name of pledgor out-of-state PAC (ID#:__ 8 Amount . 9 In-kind contribution of Pledge \$ description 7 Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 11 Employer (See Instructions) 10 Principal occupation / Job title (See Instructions) Date Amount In-kind contribution Full name of pledgor ☐ out-of-state PAC (ID#. of Pledge \$ description Zip Code City; State; Pledgor address; Check if travel outside of Texas. Complete Schedule T Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Date In-kind contribution Full name of pledgor uut-of-state PAC (ID#:_ Pledge \$ description City; State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Date Full name of pledgor out-of-state PAC (ID#. description Pledge \$ City; State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE E LOANS 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME \$ TOTAL OF UNITEMIZED LOANS 9 Loan Amount (\$) 7 Name of lender. Out-of-state PAC (ID#:___ Date of loan 10 Interest rate Is lender 8 Lender address; City; State; Zip Code a financial Institution? 11 Maturity date 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) 15 Check if personal funds were deposited into political 14 Description of Collateral account (See Instructions) none 19 Amount Guaranteed (\$) 17 Name of guarantor 16 GUARANTOR INFORMATION State; Zìp Code City: 18 Guarantor address: not applicable 21 Employer (See Instructions) 20 Principal Occupation (See Instructions) Loan Amount (\$) Date of loan ut-of-state PAC (ID#: Name of lender Interest rate State; Zip Code City; Lender address: Is lender a financial Institution? Maturity date Employer (See\Instructions) Principal occupation / Job title (See Instructions) Check if personal funds were deposited into political Description of Collateral account (See Instructions) none Amount Guaranteed (\$) Name of guaranter GUARANTOR INFORMATION City; State; Zip Code Guarantor address; not applicable Employer (See Instructions) Principal Occupation (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

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	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Event Expense Advertising Expense Accounting/Banking Office Overhead/Rental Expense Fees Food Beverage Expense Polling Expense Consulting Expense Contributions/Donations Made By Gift/Awards/Momorials Expense Printing Expense Travel Out Of District Other (enter a category not listed above) Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Kyle McAlister 5 Payee name 4 Date Kyle McAlister 3-29-16 City; State; Zip Code 7 Payee address; 6 Amount (\$) Abilene, TX 79601 2573 Lincoln \$250 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE ☐ Check if Austin, TX, officeholder living expense Reimburse for FB ads OF EXPENDITURE Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Abilene City Council plc 5 same Kyle McAlister Раусе пате Date Choice Media 3-29-16 Payee address: City; State; Zip Code Amount (\$) Abilene, TX 79601 1174 S. 1st \$800 Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. PURPOSE Billboard advertising Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Abilene City Council plc 5 same Kyle McAlister Payee name Date 3rd Street Printing 3/31/16 City; State; Zip Code Amount (\$) Payee address; Abilene, TX 79601 1230 N 3rd \$370.22 Category (See Categories listed at the top of this schedule) Chock if travel outside of Texas, Complete Schedule T. PURPOSE Check if Austin, TX, afficeholder living expense OF Advertising EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Abilene City Council plc 5. Kyle McAlister ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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schedule F1

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OF EXPENDITURE		l ditense J Airti	n Tik oftwartige werd veperne
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	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS NE	EDED

UNPAID INCURRED OBLIGATIONS

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	Fees Cifice Overhe Food:Beverage Expense Polling Expense Gift/Awards/Memonals Expense Printing Expense	sad/Rental Expense Travel In District sade Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGATIONS	ş
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	Political Non-Politic	cal
10 PURPOSE OF EXPENDITURE	(a) Category (See Categorios listed at the op of this schedule)	(b) Description Check if fravel outside of Toxas. Complete Schedule T. Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/O		ice sought Office held
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	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

Ŧ	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME	ine mandetton donde explana non to complete una form.	3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; Cit	y; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased Address of person from whom investment is purchased; City	
	Description of investment	
	Amount of investment (\$)	<u></u>
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 EXPENDITURE CATEGORIES FOR BOX 10(a) Loan Repayment/Reimbursoment Solicitation/Fundraising Expanse Advertising Expense Accounting/Banking E**v**ent Expense Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Contributions/Donations Made By Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee redaj ģewices Salaries Wages/Contract Labor Other (enter a category not listed above) The lipstruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F4: 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 6 Payee name 5 Date City; State; Zip Code 8 Payee address; 7 Amount (\$) TYPE OF Non-Political Political EXPENDITURE (a) Category (See Categories listed at the top of this schedulo) (b) Description 10 Check if travel outside of Texas, Complete Schedule T. PURPOSE OF Check if Austin, TX, afficeholder living expense EXPENDITURE 11 Complete ONLY it direct Office sought Office held Candidate / Officeholder name expenditure to benefit C/OH Pavee name Date Amount (\$) Payee address; City; State; Zip Č TYPE OF Non-Political EXPENDITURE Political Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	EXPENDITURE CATEG	OHIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Cansulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Paymont		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wagos/Contract Labor how to complete this form.	Solicitation/Fundratising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$) Plaimbursement from political contributions intended	7 Payee address; City; State; Zip		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categoria histed at the top of this sche	Check if travel outsid	le of TexasComplete Schedule T. X, officeholder living expansa
9 Complete ONLY if direct expenditure to benefit C/		Office sought	Office held
Date	Payee name		
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Complete ONLY if direct expenditure to benefit C/		Office sought	Office held
Date	Payee name		
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Complete <u>ONLY</u> if direct expenditure to benefit C/		Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			
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PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	Fees Cod/Beverage Expense f By Gitt/Awards/Memorials Expense f	Loan Repayment/Reimbursement Office Overhead/Rantal Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor thow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule H:	2 FILER NAME	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name		
6 Amount (\$)	7 Business address; City; State; Zip	Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this softe	Check if travel outside	of Texas. Complete Schedulo T. , officeholder living expense
Gomplete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
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Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE !

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule I:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address; Gity; State; Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) (b) Description (See instructions regarding type of information required.)				
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Description (See instructions regarding type of information required.)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

		1 Total pages Schedule K:	
The	Instruction Guide explains how to complete this form.		
2 FILER NAME		3 Filer ID (Ethics Comm	nission Filers)
4 Date	5 Name of person from whom amount is received 6 Address of person from whom amount is received; City; State;	Zip Code	Amount (\$)
	7 Purpose for which amount is received Check if	politicat contribution return	ed to filer
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State	; Zip Code	Amount (\$)
	Purpose for which amount is received Check if	political contribution return	ed to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State;	Zip Code	:
	Purpose for which amount is received check if	political contribution return	ed to filer
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	Purpose for which amount is received Check if	political contribution return	ed to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULI	E AS NEEDED	

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 Name of Contributor / Corporation or Labor Organization / Pfedgor / Payee 5 Contribution / Expenditure reported on: Schedule D Schedule F1 Schedule C2 Schedule B Schedule B(J) Schedule A2 Schedule COH-UC Schedule B-SS Schedule H Schedule G Schedule F2 Schedule F4 7 Name of person(s) traveling 6 Dates of travel 8 Departure city or name of departure location 9 Destination city or name of destination location 11 Purpose of travel (including name of conference, seminar, or other event) 10 Means of transportation Name of Contributor / Corporation or Labor Organization / Pletigor / Payee Contribution / Expenditure reported on: Schedule F1 Schedule D Schedule C2 Schedule A2 Schedule B Schedule B(J) Schedule COH-UC Schedule 8-SS Schedule G Schedule H Schedule F2 Schedule F4 Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Purpose of travel (including name of confedence, seminar, or other event) Means of transportation Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule F1 Schedule D Schedule C2 Schedule B Schedule B(J) Schedule A2 Schedule COH-UC Schedule B-SS Schedule H Schedule F4 Schedule G Schedule F2 Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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	The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••				
1	C/OH N	AME (2 Filer (D (Ethics Commission Filers)	
3	SIGNA	TURE \			
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.				
		\ \ \	V.	Signature of Candidate / Officeholder	
4	4 FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below <i>only</i> if you are not an officeholder				
	A.	CAMPAIGN FUNDS	\		
	Check	only one:	N. Committee		
		·	utions or unexpended inter	erest or income earned from political contributions.	
		may not convert unexpended poli- personal use. I also understand unexpended contributions or unex- this final report. Further, I underst	itical contributions or unex that I must file an annual pended interest or income tand that I must dispose of	or income earned from political contributions. I understand that I expended interest or income earned on political contributions to all report of unexpended contributions and that I may not retain the earned on political contributions longer than six years after filing of unexpended political contributions and unexpended interest or in the requirements of Election Code, § 254.204.	
	В.	ASSETS	\		
	Checi	only one:	\		
		I do not retain assets purchased v	vith political contributions	or interest or other income from political contributions.	
		that I may not convert assets pure	chased with political contrib that I must dispose of asse	nterest or other income from political contributions. I understand ibutions or interest or other income from political contributions to sets purchased with political contributions in accordance with the	
				Signature of Candidate	
5	OFFIC	EHOLDER			
	Com	plete this section only if you ar	re an officeholder ··	\	
		file. I am also aware that I will be re	quired to file reports of une outlons, interest or other inc	ble to an officeholder who does not have a campaign treasurer on expended contributions if, after filing the last required report as an come from political contributions, or assets purchased with politiontributions.	
				Signature of Officeholder	